



ZENITH INSTITUTE OF PHARMACY

At- Jhankarpali, Po- Padampur, Dist- Bargarh, Odisha, PIN- 768036

(Approved by Pharmacy Council of India (PCI), New Delhi & Affiliated to OSBP, Bhubaneswar)

APPLICATION FORM FOR ADMISSION TO D.PHARM COURSE

ACADEMIC SESSION: 2026 – 2027

Form No:	Date of Submission:	Category:
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1. PERSONAL DETAILS (In Block Letters)

- Full Name of Candidate:
- Father's Name:
- Mother's Name:
- Date of Birth: / / Gender: (Male / Female / Other)
- Aadhar Card No: Blood Group:
- Nationality: Religion:

2. CONTACT INFORMATION

- Permanent Address: PIN Code:
- Present/Communication Address: PIN Code:
- Student's Mobile No: Parent's Mobile No:
- Email ID:

3. ACADEMIC QUALIFICATIONS

Examination Passed	Board / University	Year of Passing	Total Marks	Marks Obtained	% of Marks
HSC (10th)					
+2 Science / CHSE					

- Marks in Physics: Chemistry: Biology / Mathematics:

4. ENCLOSURES (Self-Attested Copies to be Attached)

- [] 10th Marksheet & Pass Certificate
- [] +2 Science Marksheet & Pass Certificate
- [] College Leaving Certificate (CLC) & Conduct Certificate
- [] Migration Certificate
- [] Caste Certificate (if applicable)
- [] 3 Passport Size Photographs
- [] Copy of Aadhar Card

5. DECLARATION BY THE CANDIDATE

I,, hereby declare that the information furnished above is true to the best of my knowledge. I agree to abide by the rules and regulations of the **Zenith Institute of Pharmacy** and the Pharmacy Council of India. I understand that if any information is found to be false, my admission will be cancelled.

Full Signature of the Candidate:

Date: / /

FOR OFFICE USE ONLY

- **Document Verification Status:** (Verified / Pending)
- **Admission Status:** (Admitted / Provisionally Admitted)

Verified By:

Signature of Principal